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10/584,155	06/22/2006	1614	550	Q95616	4	4

CONFIRMATION NO. 5059

## FILING RECEIPT



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23373  
 SUGHRUE MION, PLLC  
 2100 PENNSYLVANIA AVENUE, N.W.  
 SUITE 800  
 WASHINGTON, DC 20037

DOCKETED  
 MAY 04 2007

Date Mailed: 05/03/2007

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please mail to the Commissioner for Patents P.O. Box 1450 Alexandria Va 22313-1450. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Hideki Ohyama, Sendai-shi, JAPAN;

Power of Attorney: The patent practitioners associated with Customer Number 23373.

## Domestic Priority data as claimed by applicant

This application is a 371 of PCT/JP04/19373 12/24/2004

## Foreign Applications

~~JAPAN 2003-427434~~ 12/24/2003

2003-427434

If Required, Foreign Filing License Granted: 04/27/2007

The country code and number of your priority application, to be used for filing abroad under the Paris Convention, is **US10/584,155**

Projected Publication Date: 08/09/2007

Non-Publication Request: No

Early Publication Request: No

\*\* SMALL ENTITY \*\*

**Title**

Agent or method for treating severe aphasia in cerebrovascular accident chronic stage

**Preliminary Class**

514

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**DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)**

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**AGENT OR METHOD FOR TREATING SEVERE APHASIA IN CEREBROVASCULAR ACCIDENT  
CHRONIC STAGE**

the application of which

☐ is attached hereto

OR

☒ was filed on December 24, 2004 as United States Application Number or  
PCT International Application Number PCT/JP2004/019373  
(Confirmation

No. \_\_\_\_\_), and was amended on

\_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part application(s), material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application(s) which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application(s) having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date	Priority Claimed	
			Yes	No
P.2003-427424	Japan	24/December/2003	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I hereby claim domestic priority benefits under 35 United States Code §120 of any United States application(s), §119(e) of any United States provisional application(s), or §365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in a listed prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge my duty to disclose any information material to the patentability of this application as defined in 37 C.F.R. 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Prior U.S. or International Application Number(s)	U.S. or International Filing Date	Status
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I hereby appoint all attorneys of SUGHRUE MION, PLLC who are listed under the USPTO Customer Number shown below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.



23373

PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>NAME OF SOLE OR FIRST INVENTOR:</b>				
Given Name (first and middle [if any])		Hideki		
Family Name or Surname		OHYAMA		
Inventor's Signature			Hideki Ohyama	
Date			June 8, 2006	
Residence: City	Sendai-shi	State	Miyagi	Country Japan
Citizenship Japan				
Mailing Address: 5-29-17-3, Nankodai, Izumi-ku				
City	Sendai-shi	State	Miyagi	Zip 981-8003
Country		Japan		
<b>NAME OF SECOND INVENTOR:</b>				
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
Mailing Address:				
City	State	Zip	Country	
<b>NAME OF THIRD INVENTOR:</b>				
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
Mailing Address:				
City	State	Zip	Country	
<b>NAME OF FOURTH INVENTOR:</b>				
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
Mailing Address:				
City	State	Zip	Country	
<b>NAME OF FIFTH INVENTOR:</b>				
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
Mailing Address:				
City	State	Zip	Country	